

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (05-03)

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 180022.93395
First Inventor Michael G. Onsager
Title DRAGLINE EXCAVATING MACHINE ...
Express Mail Label No. EV 310099229 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 16]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 10]
5. Oath or Declaration [Total Pages 3]
 - a. ☒ Newly executed (original or copy)
Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - b. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: _____

Prior application information:

Examiner _____


Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label  or ☐ Correspondence address below

Name	26710			
	PATENT TRADEMARK OFFICE			
Address				
City	State	Zip Code		
Country	Telephone	Fax		

Name (Print/Type)	Terri S. Flynn	Registration No. (Attorney/Agent)	41,756
Signature		Date	July 17, 2003

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07/17/03

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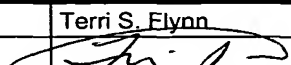
PTO/SB/17 (5-03)

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	
		First Named Inventor	
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT		(\$ 786.00)	
		Attorney Docket No. 180022.93395	

<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <p> Deposit Account Number: 17-0055 Deposit Account Name: Quarles & Brady LLP </p> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001 750</td> <td>2001 375</td> <td>Utility filing fee</td> <td>750</td> </tr> <tr> <td>1002 330</td> <td>2002 165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003 520</td> <td>2003 260</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004 750</td> <td>2004 375</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005 160</td> <td>2005 80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$ 750.00)</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <p> Total Claims: 22 -20** = 2 Extra Claims: 2 Fee from below: 18 Fee Paid: 36.00 Independent Claims: 3 -3*** = 0 Multiple Dependent: 0 Fee Paid: 0.00 </p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201 84</td> <td>2201 42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203 280</td> <td>2203 140</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204 84</td> <td>2204 42</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> </tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (3) (\$ 0.00)</p> <p><small>**or number previously paid, if greater; For Reissues, see above</small></p>	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	1001 750	2001 375	Utility filing fee	750	1002 330	2002 165	Design filing fee		1003 520	2003 260	Plant filing fee		1004 750	2004 375	Reissue filing fee		1005 160	2005 80	Provisional filing fee		SUBTOTAL (1)			(\$ 750.00)	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	1202 18	2202 9	Claims in excess of 20	1201 84	2201 42	Independent claims in excess of 3	1203 280	2203 140	Multiple dependent claim, if not paid	1204 84	2204 42	** Reissue independent claims over original patent	1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)			<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Terri S. Flynn	Registration No. (Attorney/Agent)	41,756
Signature		Telephone	414.277.5000
		Date	July 17, 2003

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